Yes No X	cilina pecause	with the Committee on Ethics.	yes" unless you have first consulted	they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee o
Yes No	child because	ertain other "excep	g you, your spouse, or dependent or	TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and control excluded from this report details of such a trust benefiting you, your spouse, or dependent child?
Yes No No			as a part of an Initial Public Offering	IPO—Did you purchase any shares that were allocated as a part of an Initial Public Offering?
UESTIONS)F THESE Q	MATION — ANSWER EACH OF THESE QUESTIONS	ENT, OR TRUST INFOF	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
wered and the 'Yes" response.	must be ansi	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response	portable Yes No No	V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule V.
Yes No	arrangement with	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	ding Yes No	IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? If yes, complete and attach Schedule IV.
Yes No	or before the date	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	earned" any Yes No No	III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule III.
Yes No	n the reporting	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$350 from one source)? If yes, complete and attach Schedule VII.	charity in the Yes No	II. Did any individual or organization make a donation to charity lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.
Yes No	receive any regating more	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$350 and not otherwise exempt)? If yes, complete and attach Schedule VI.	eriod? Yes No	I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I.
		E QUESTIONS	ANSWER EACH OF THESE	PRELIMINARY INFORMATION AN
agamsı anyone who mes more man 30 days late.	30 days late.	Termination Date:	Amendment	Type Annual (May 15, 2013)
A \$200 penalty shall be assessed	A \$200 pena	r Employing Office:	77 Officer or Employee	Status Member of the U.S. State:_ House of Representatives District.
(Office Use Only)	HÖUS E. (Off	Ų.:	: :	
15 PK 4: 05 MC	50 : 1 34 54 54 54 54 54 54 54 54 54 54 54 54 54	Daytime Telephone	athright Daytime	Name: Matthew A. Cath
HAND DELIVERED	2	Form A For use by Members, officers, and employees	ENTATIVES	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2012 FINANCIAL DISCLOSURE STATEMENT

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Name Mathew A. Cartusight

Page 2_of_

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

Source	Type	Amount
Examples: State of Maryland Civil War Roundtable (Oct. 2nd)	Legislative Pension Spouse Speech	\$9,000 \$1,000
	Sklary	4/58,381.77
Muntey, Muntey & Castruciant, P.C.	salary	NA
Thomson Reuters Publishing Co.	ク	14.066 \$
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IT Varyund Index 500 Find	JT Varguard Maney Market	UT Vargued REIT Index Fund	JT Verguard Emerging MKHs Fund	OT Vanguard LT Band Fund		Examples:	SP SP Mega Corp. Stock	For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or saving accounts; and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or is jointly held with your spouse (JT), in the optional column on the far left. For a detailed discussion of Schedule III requirements, please refer to the instruction booklet.	vide a complete address or a description, e.g., "rental property," and a city and state.		Provide complete names of stocks and mutual funds (do not use ticker symbols.)	Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year.	Asset and/or Income Source	BLOCK A
× -	× ×	→	*	*	×	, 	×	None \$1 - \$1,000 \$1,001 - \$15,000 \$15,001 - \$50,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$250,000 \$250,001 - \$500,000 \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 \$5,000,001 - \$25,000,000 \$25,000,001 - \$50,000,000 \$25,000,001 - \$50,000,000 \$25,000,001 - \$50,000,000 \$25,000,001 - \$50,000,000 \$25,000,001 - \$50,000,000		* This column is for assets held solely by your spouse or dependent child.	in asset was soid ourning the reporting year and is included only because it generated income, the value should be "None."	Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used.	Value of Asset	ВLОСК В
7	× ×	*	*	*	×	Royalties	×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income)		income. Check "None" if the asset generated no income during the reporting period.	HAS), you may check the "lax- Deferred" column. Dividends, inter- est, and capital gains, even if rein-	Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or	Type of Income	BLOCK C
*	*	*	*	*	×		X	None \$1 - \$200 = \$201 - \$1,000 ≡ \$1,001 - \$2,500 <		* This column is for income generated by assets held solely by your spouse or dependent child.		For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends , interest ,		BLOCK D
							S (partial)	portion of an asset is sold, please indicate as follows: (S) (partial) See below for example. P, S, E	If only a		\$1,000 in reporting	asset had purchases (P), sales (S), or exchanges (E) exceeding	Indicate if the	BLOCK E

SCHEDULE III—ASSETS AND "UNEARNED" INCOME Continuation Sheet (if needed)

Name Mathew A. Casturight

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	BLOCK A Asset and/or Income Source				.≲ I	ੂ≅ ≺ ┈┃	BLOCK B Year-End Value of Asset	美 市 8	SS B	Ë							ا ه	BLOCK C Type of Incom	BLOCK C Type fincon	ğ ° ĉ	e					_ ≱] o	돌 P	BLOCK D	5 0	BLOCK D Amount of Income	me				BLOCK E Transaction
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		None	\$1 - \$1,000	\$1,001 - \$15	\$15,001 - \$5	\$50,001 \$1	\$100,001 \$	\$250,001 - \$	\$500,001 - \$	\$1,000,001 -	\$5,000,001 -	\$25,000,001	Over \$50,000	Spouse/DC Ass	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GA	EXCEPTED/	TAX-DEFER	Other Type o	(Specify: e.g. Income or F	None	\$1 – \$200	\$201 - \$1,000	\$1,001 - \$2,50	\$2,501 - \$5,00	\$5,001 - \$15,0	\$15,001 \$50	\$50,001 - \$10	\$100,001 - \$1	\$1,000,001 - 8	Over \$5,000,0	Spouse/DC Inco	
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SCHEDULE III—ASSETS AND "UNEARNED" INCOME

D" INCOME Name Mathew A. Cashur

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Continuation Sheet (if needed) Ξ 8 SP Mercill Lynch comprofit shipping Murley, Munday (Cartaligat, PC General telectric homson leviers KURSING Messill Lynchemp profit stra ten jecurity Asset and/or Income Source association NAME FOR COST **BLOCK A** Insural Most Acc Sank accts ➤ None 8 \$1 - \$1,000 rdefizita O \$1,001 - \$15,000 O \$15,001 - \$50,000 Value of Asset Ш \$50,001 - \$100,000 Year-End BLOCK B 71 \$100,001 - \$250,000 ଦ \$250,001 - \$500,000 **T** メメ \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 ے \$5,000,001 - \$25,000,000 ㅈ \$25,000,001 - \$50,000,000 _ Over \$50,000,000 Ζ Spouse/DC Asset over \$1,000,000* NONE **DIVIDENDS** RENT of Income BLOCK C Type \prec **INTEREST** CAPITAL GAINS **EXCEPTED/BLIND TRUST** TAX-DEFERRED Conflict Other Type of Income (Specify: e.g., Partnership Income or Farm Income) None X \$1 - \$200 Amount of Income \$201 - \$1,000 < < \$1,001 - \$2,500 BLOCK D \$2,501 - \$5,000 XI VIII VIII \$5,001 - \$15,000 \$15,001 -- \$50,000 \$50,001 - \$100,000 \$100,001 - \$1,000,000 × \$1,000,001 - \$5,000,000 × Over \$5,000,000 Spouse/DC Income over \$1,000,000* Transaction BLOCK E пοσ

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SCHEDULE V— LIABILITIES

Name MAHALLA. CATWING H- Page 6 0

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal close of the preceding calendar year exceeded \$10,000. *This column is for liabilities held solely by your spouse or dependent child. are personally liable); and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report revolving charge accounts (i.e., credit cards) only if the balance at the residence (unless it is rented out or you are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you

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							2	mount of Liability	Of LI	acility				
SP.		Liability		*	8	ဂ	٥	Ш			00 =			-
J D S	Creditor	Incurred Mo/Year	Type of Liability	\$10,001- \$15,000	\$15,001- \$50,000	\$50,001- \$100,000	\$100,001- \$250,000	\$250,001- \$500,000	\$500,001- \$1,000,000	\$1,000,001- \$5,000,000	\$5,000,001- \$25,000,000	\$25,000,000 \$50,000,000	950,000,000	Spouse/DC Liability Over \$1,000,000*
	Example: First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main St., Dover, DE				×					_		
T	AMEX and account	2101 De(Card taknoc		*								:	
45	Rank of America	Jec 1912	card balance	X										
F	bainess line	DC 2012	DIC 2012 line acoust for law practice	4					M	\times				
7	Pen Security Bank	oct sws	act los mortage for product of office				\times							
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SCHEDULE VI— GIFTS

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$140 or less need not be added towards the \$350 disclosure threshold. Report the source, a brief description, and the value of all gifts totalling more than \$350 received by you, your spouse, or a dependent child from any source during the year.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Ethics)	\$375

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organization, or any educational or other institution other than the United States. proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner,

Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organiza-

			Director	Position	nona), and positions select of an inchestary material
		Amorican Association for Justice	Hose Center of Wyoming Valley (free medical a legal clinic)	Name of Organization	TAKE C.

SCHEDULE IX—AGREEMENTS

employee welfare or benefit plan maintained by a former employer. Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an

		12/31/2012	Date	- '
		12/31/2012 Munley Munley = Cartariyat, P.C. and Matthews. Cartaright / will be contin	Parties To	
		/ will be continued in employee profit showing plan while on leave of assence.	Terms of Agreement	